

SECTION III

VISITING THE FACILITY

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Visiting facilities is an important part of the committee's responsibilities; therefore, it is important to do it well. Committee members have a commitment to the elderly to see that the facilities in your area maintain "the intent of" the Residents' Bill of Rights and provide quality care.

If you are to be effective in visiting and complaint resolution, your regular presence in the facilities will make you familiar with the staff and residents and will help you build trust.

The purposes of your visits are to establish relationships with residents and staff; to gain some understanding of the procedures and conditions of a particular home and its residents; and to make note of and help resolve violations of residents' rights.

A. TYPES OF VISITS

There are four types of visits which committee members can make in nursing homes:

1. Official Quarterly Visits: Members have a statutory responsibility to conduct an official visit quarterly and to fill out a report form for each of the facilities that it serves. A majority of the committee or subcommittee must be present for this visit and it should normally be conducted between the hours of 10:00 a.m. and 8:00 p.m. More details about this type of visit are discussed in this section.
2. Investigative Visits: Investigation of complaints must be conducted by at least two committee or subcommittee members. These visits may be made at any time necessary to carry out the committees' duties.
3. Friendly Visits: An individual member may visit residents in the facility anytime between the hours of 10:00 a.m. and 8:00 p.m.
4. Activity Visit: Committee members may enter facilities to participate in and/or sponsor activities of a social, educational, religious, political, cultural, etc. nature for the residents. Hours for conducting activities should be coordinated with appropriate nursing home staff.

A majority must be present for any visit to a facility by a subcommittee. In each instance of a visit by an individual member or a committee, members should identify themselves to the person in charge of the facility at the time of the visit.

B. HOW TO CONDUCT AN OFFICIAL QUARTERLY VISIT

1. How To Start

Make sure you have the majority of the committee or quorum of your subcommittee. Do not visit on your own when conducting a quarterly official visit. Visit between the hours of 10:00 a.m. - 8:00 p.m. Introduce yourself to the administrator or person on duty. If the person is new explain your role. Name tags or identification cards may be used to identify members.

Before going to the home for the first time, it is advised that the committee chairman call and establish communication with the administrator on this initial visit; the committee should talk with the nursing home administration about the community advisory committee program and how it can positively impact on the nursing home and its residents. Emphasis should be placed on the fact that the committee wants to work cooperatively with the home and its staff. It is not advised that subsequent visits be announced in advance.

2. What To Look For (General Atmosphere)

Use your senses: smell when you first enter the facility, "feel" the atmosphere, is it relaxed or tense?; are staff smiling or are they overworked and bad tempered? Observe the interaction between the staff and the residents. Is there laughter?; good humor? Is it too hot or too cold? Is it clean or dirty?

3. How To Look

Do not use a notebook or checklist but write up comments on the official report form after the visit. Each member of the committee can be responsible to visit a particular part of the facility or you may wish to visit in pairs. If concerned about something, at the end of the visit, find another member to have a look together. However, remember you are not "inspectors", especially when issues are not related to the Bill of Rights.

4. Specific Areas Of Concern Related To Bill of Rights

- a. Do the staff talk courteously to the residents?
- b. Do the residents exercise choice about clothing, religious preferences, friends, activities, etc.?
- c. Is the resident's privacy respected during examination or during personal hygiene activities? A closed door or drawn curtains will shield a resident.
- d. Check that the license is posted in a prominent place, also Bill of Rights, fire and health certificates and other codes and regulations.
- e. Ask the administrator if there are any special charges for physicians and related services - wheelchairs, walkers, crutches, haircuts, personal laundry.

- f. Ask if all residents receive an itemized written statement of charges for services provided by the facility. Items covered under Medicare/Medicaid must be clearly indicated. Request to review a copy of this statement.
- g. Residents may refuse to be used as a subject for experimental research. Residents should be fully informed of medical condition unless the attending physician deems it medically inadvisable. This should be documented on the resident's chart.
- h. All medical records are confidential. If investigating a complaint, you must have the written consent of the resident or his/her legal representative to look at the resident's file.
- i. Chemical and physical restraints can only be used when necessary to protect a resident from injury to themselves and others. Restraints can be used only for a specified time as prescribed by the physician. Physical restraints are blankets, straps, mittens, denial of wheelchair, and anything that limits residents from doing something for themselves that they might do voluntarily.
- j. Remember that residents must be free of mental abuse, e.g., humiliation, harassment, threats of punishment, deprivation. Keep a look out for staff attitudes toward residents and how residents receive the staff, e.g., are they afraid of the staff?
- k. Does the resident speak freely with the administrator? Does the administrator know residents' names? Is there a mechanism whereby a resident's problem or complaint can be heard free from threat of retaliation. Residents should feel free to present grievances to the staff, Community Advisory Committee, the Department of Health and Human Services, and the County Department of Social Services.
- l. Is there a residents' council? Do residents understand their rights? Is there a family night? Resident newsletter? What social groups are there?
- m. Can the residents make phone calls in private? Receive visitors in private? Do residents receive mail unopened? Are visitors freely admitted? If a visitor is prohibited the reason must be documented in the file.
- n. The residents can have their mail read to them by the staff; however, it should be opened in front of the resident rather than in the office and taken to them already opened by the staff.
- o. Is there access to writing instruments, stationery, postage? (Residents are expected to pay for these items). Does the staff assist in writing and sending mail when necessary?
- p. Residents should manage their own financial affairs unless the authority has been delegated to someone else. The resident has the right to examine the account at any time.
- q. Is there a private room for visits with the resident's spouse? Are spouses living in same facility allowed to share a room when feasible.

- r. Do the residents have reasonable privacy in their own rooms? Where rooms are shared this is more difficult, but it can be achieved with closed curtains.
- s. Residents should not be required to work for the facility without their consent. The physician must give written consent.
- t. Residents should have space for personal clothing and possessions where reasonable.
- u. Are their momentos and personal property in the room?
- v. Are residents being transferred within or out of the facility? Transfers are only acceptable for:
 - 1. medical reasons,
 - 2. resident's own or another resident's welfare, or
 - 3. non-payment for the stay or where transfer is mandated under Title XVIII Medicare or Title XIX Medicaid of the Social Security Act.
- w. Make sure that the posted activity of the day is actually happening. Can residents read the Activity Chart? Is the print large enough? Are the activities varied?
- x. If you visit at a meal time make sure that the food served is the same as on the posted menu. If it is not then ask the dietitian why this has happened as she should mark and sign the change. Is the food served attractively, at adequate temperature? Are special diets available? Are meals served at normal times? Is there plenty of time for each meal? Is help given with eating when needed? Do residents have to wait a long time to be fed due to a shortage of staffing, therefore, food is cold by the time they get it?
- y. Committee members are reminded that any physical assessment of a resident is to be conducted by authorized facility staff and/or appropriate regulatory agency staff only.

COMMON PROBLEMS TO NOTE

- Apparent absence of staff on the hall and tardy answering of the call bells, staff moving from floor to floor as you visit. Talk to staff as you visit. Are they happy, or overworked? As you get to know them, discuss problems that they may have.
- Laundry - smelling, left in corridors (uncovered and for long periods), out when food trolleys arrive.
- Are residents dressed in day clothes? Do they have shoes or slippers on their feet?
- No smoking - staff smoking on duty?
- Are residents encouraged and assisted in getting out of bed and walking as appropriate on a regular basis?

- Are residents in wheelchairs because they need to be or for the convenience of the staff?
Is there a physical therapist available?
- Is equipment in good repair?
- Are there chemicals left open and unattended?
- Are there odors present when you arrive and also when you leave?
- Is there resident activity to be observed?
- Are wet floor signs in use when floors are being cleaned?

Conclusion

Absorb the atmosphere as you visit; talk to the residents; empathize with them; don't take too long. After a few visits, staff and residents will get to know you and why you're there.

Meet with the other members of the committee to discuss the visit and fill out the quarterly visit report form.

Have an exit interview with the administrator or person in charge to let them know your findings- positive or negative. If you find something negative in the home discuss it with the administrator and arrange a time to come back and check on the agreed upon change. (See the "Complaint Management" section of this handbook for more detailed information about handling complaints.)

If the administrator is not on duty, perhaps one member of the committee can call him the next day to discuss the visit; otherwise he/she might not know you visited. Most administrators like to know things firsthand, if possible.

Remember you have a right to be there, but do not abuse it. Be courteous at all times.

C. ESTABLISHING RAPPORT WITH RESIDENTS

The daily lives of residents can be very different from our own. As a result, it is sometimes difficult for us to begin a conversation with them or know what to do in an unfamiliar situation. Many people are uncomfortable with what they see in a nursing home. The concentration of older people who have suffered some degree of physical or mental disability may be disturbing to you. Here are suggestions to help you feel more at ease and to make your visits more successful.

1. Understanding Residents

When you visit with residents, there are a few things to consider. First, try to look beyond physical appearances. Think of each of these residents as interesting individuals who have experienced much in life. Each person has a unique personality which is not dependent upon physical appearance. You may be bothered by those who appear to be confused or disoriented. These people often can be reached simply by gently holding their hands and looking into their eyes. Second, independence is very important for their self-esteem, and residents should be encouraged to care for themselves to the extent possible. You should be aware of this goal. If he or she should ask for help, say "I'll be glad to help." But at the same time encourage independence by having the resident participate. Also, does the resident want a visitor? If they seem withdrawn and unreceptive, make your visit brief. A valuable relationship can be developed from short visits over a period of time.

The key to developing a good relationship is to encourage the resident to share his or her feelings. Listening can be difficult, but remember that it shows you care. It is also very important that you talk about what is happening in the community. This keeps the resident in touch with the world outside the facility.

2. The Visit

When people visit you in your own home, they come to the door and knock or ring the doorbell. A resident's room in a nursing home is home. Knock before entering and ask permission to enter. If the resident is unable to respond, then announce yourself before walking in. Proceed cautiously, do not interrupt the resident's private space abruptly or loudly.

Greeting usually involves some sort of physical contact. Shake hands or touch them on the hand, arm, or shoulder in a warm manner. Nursing home residents are often removed from family and friends who provide this sense of touch.

Think a moment about what the quality of your life would be if no one ever touched you except to bathe or toilet you. Touching tells us that we are accepted, human, and desirable. Once in the room, make some form of contact unless it is absolutely inappropriate.

3. How to Talk with Residents

- a. Addressing the resident by name is one of the best ways to begin to establish rapport. Find out their names before calling on them. To communicate respect, it is suggested that you use the resident's surname, "Mrs. Smith", unless he/she asks to be called by another name. Of course, you can always ask the residents how they prefer to be addressed.
- b. Communicate respect by requesting permission to engage in conversation. Make it clear who you are and why you are there. "I am Mary Smith, I've been appointed by the county to help you and the home in giving you the best possible care." Establish physical and verbal warmth. Let them know you are attentive and interested in them through your body language. Make eye contact, sit facing the resident directly, if possible, and touch when appropriate. Ask about their contacts outside the home- family, friends, visitors, letters, phone calls. Explore their personal history, without prying, to discover their interests. Be honest about your own reactions and feelings. Share with them just as you are asking them to share with you. Remember that some residents may have hearing difficulties; others may have communication problems that require patience.
- c. Encourage reminiscing by asking questions about the resident's life and achievements. (Examples: What is the high point of your life? Who is the most important person in your life? What was your favorite food as a child?) Sometimes when the memory is failing, it is easier to remember distant events. The older person frequently wants to discuss important roles they have played and significant happenings in their lives.
- d. Empathize with their feelings of loneliness or distress. Do not try to deny these feelings. Often a sympathetic ear is all that is needed. Try positive reinforcement such as, "It is difficult to adjust to new places." (Recognition and expression help them to accept change.)
- e. Discuss the history of their stay in the facility, and when you have developed an adequate level of rapport, talk with them about their feelings about being in the home. You might not reach this level on the first visit, but it's something to work towards. If residents express any displeasure or dissatisfaction regarding any circumstances of their lives in the home, try to uncover their whole story. Listen carefully so that you can note down important information later, for reference. Pursue comments residents make-- don't let offhand remarks slide by.

- f. Do not give advice unless asked. Instead, ask their advice or opinion. This helps them to feel useful.
- g. Devise a system for remembering names and something about the person. Perhaps keeping a little notebook in which you jot down a few notes when the visit is over would be a good idea. When you return for your next visit you can then review the names and notes to refresh your memory. The fact that you have remembered something about them will enhance their self-esteem.
- h. Be careful not to make commitments to residents that you cannot keep.

4. How to Handle Residents with Complaints

- a. Listen. Listen very carefully to the complaint or complaints.
- b. Evaluate. If everything is wrong, the resident may still be adjusting to the home. He or she may feel alienated and uncomfortable in new surroundings. However, the resident may be having difficulty "zeroing in" on his/her particular concern. The committee member should encourage residents to be as specific as possible with what is troubling them. If there are specific complaints, listen carefully and try to discern the truth. You may want to talk to the appropriate staff who may not be aware of the resident's concerns. Often, misunderstandings can be cleared up easily. If the complaint cannot be cleared up easily, refer it to the committee chairman.

NOTE: **Be sure to get the resident's permission before you talk to anyone about the complaint.** Respect their confidentiality. Use of a resident's or complainant's name requires permission of the resident or their legal representative.

- c. Explain. When you have reached a conclusion or a solution for the complaint, be sure the **resident** understands the explanation. You may have to explain more than once.
- d. Limit. Finally, for the chronic complainer who is never satisfied, set a limit to the complaint time. We all need to express our feelings and emotions. Then turn to something positive. (See Complaint Management section of handbook for more details.)

5. Points About Communicating with a Mentally Retarded Person

(You will, of course, need to adapt these suggestions to each individual, since in this, as in all things, each one is different from every other.)

- a. Be sure he/she is aware that you are speaking to him. This is especially important because, either in an institution or at home, he may often have been a bystander to conversations where his presence was ignored. Saying his name before you speak to him is one way to get his attention. If he doesn't look at you when you speak, encourage him to do so.
- b. Try to use words he knows. Don't confuse him with too many words and be consistent in using the same words each time you mean the same thing. Do not go into detailed explanations and try to limit what you say to one idea at a time. Get his answer (whether in words or action) and then present the next idea or information.
- c. If possible, help the person to see what you are talking about as well as hear you. For example, you can often pantomime what you want (in fact, you may already do this without even thinking about it). Or you may be able to demonstrate what you mean at the same time that you explain it.
- d. Allow a bit more time for him to react than you would with most people. You will soon learn how much time is needed for each person.
- e. If someone's speech is hard to understand, don't be afraid to ask him to slow down or repeat. Do this courteously as though asking a favor, because you really do want to understand. Some of us feel more at ease saying "I don't understand you" rather than, "You don't talk well." Another way to help is to repeat what you think you hear and ask the person if you are right. Or, ask if he can show you what is on his mind. You will often find that another **resident** can interpret for you. If, in spite of everything, you still don't understand, or the person seems angry or ready to give up, reassure him again that you wish you knew what he was saying, and let the matter drop. Don't despair; you will soon find it much easier to know what is being said even through the most difficult speech.

CONCLUSION

Visiting should be pleasant for you and the resident. Plan ahead, be polite. Remember to touch and above all, keep a good sense of humor.